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HB1038 Telehealth Overview

North Dakota Health Information Network
Telehealth Workgroup
July 20, 2015

Our discussion today…

- Overview of HB1038
- Legislative process and timeline
- Eligibility
- Covered Services
- Coding & Reimbursement
- Q&As

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HB1038

- Require the coverage of telemedicine for NDPERS
- Amendments adopted include:
  - adding definitions for “distant site” and “originating site”
  - reimbursements may be established through negotiations
  - In addition, a provision was struck that would prohibit special cost-sharing for services provided through telemedicine.

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- Services still subject to medical necessity
- Services subject to normal deductible, coinsurance and copayment amounts
- The bill will expire June 30, 2017 unless the expiration is reversed as a result of recommendations of a study.

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Legislative Process and Timeline

- Oct. 2015 – PERS develops study outline
- March 2016 – PERS submits bill draft to the Employee Benefits Committee
- Aug/Sept 2016 – Report is submitted to Employee Benefits Committee

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Facility Eligibility

We follow CMS eligibility standards for facilities:

- Practitioner Office
- Hospital (inpatient or outpatient)
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Dialysis Centers (hospital or CAH-based)
- Skilled Nursing Facility
- Community Mental Health Center

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Practitioner Eligibility

We follow CMS eligibility standards for practitioners:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Registered dietician or nutrition professional

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Covered Services

- Services must be medically necessary and appropriate
- Evaluation, management and consultation services
  - Synchronous – interactive audio/video visit
  - Asynchronous - store-and-forward evaluation
- Telemonitoring – monitoring patients at a distance who are at risk for an acute episode
  - Cardiac conditions, COPD, diabetes, mental health/substance abuse

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Examples of Covered Services

- Office or outpatient visits
- Consultations (office, Internet-based, outpatient, emergency room)
- Follow-up inpatient consultations
- Pharmacologic management
- Neurobehavioral status exam
- Individual and group medical nutrition therapy
- Individual and group health and behavior assessment and intervention

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Minimum Requirements

- Services must be medically necessary and appropriate
- A permanent record of telemedicine communication must be maintained as part of patient medical record
- Provider must receive appropriate informed patient consent for telemedicine
- Services must be under control of consulting practitioner

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Non-Covered Services

- Non-HIPAA compliance communication
- Transmission fees, per-minute – reported by HCPCS procedure code T1014.
- Services for diagnoses excluded by a Member's Benefit Policy
- Services not medically appropriate or necessary.
- Installation or maintenance of any telecommunication devices or systems
- Provider-initiated e-mail

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Non-Covered Services

- Appointment scheduling
- A service that would similarly not be charged for in a regular office visit
- Reminders of scheduled office visits
- Requests for a referral
- Consultative message exchanges with an individual who is seen in the provider's office immediately afterward
- Clarification of simple instructions

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Coding & Reimbursement

Coding

- Billable CPT codes will be provided on website and within Provider Manual
- Must use modifiers:
  - GT – live video encounters
  - GQ – store-and-forward encounters
- Reimbursement is according to your current negotiated professional agreement rates

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Questions?

Thank you for your time.

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